U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This region is mandatory under P.L. 35-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 499 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

| 1. File Number U - 2485 | 2. Flacal Year Covered From: |
|--|--|
| | 1 / 1 : / 04 Through: 12/31 / 04 |
| 3. Name and address of person filing. | 4. Name, file number, and address of lebor organization. |
| Name Fred J Bowles | Name LIUNA LOCAL 795 |
| | Labor Organization File Number 008-544 |
| P.O. Box, Blag., Room No., if any | P.O. Box, Building and Room Number, if any |
| Street 1213 STATE STREET | Street 1213 STATE STREET |
| City NEW ALBANY | City NEW ALBANY |
| State INDIANA ZIP Code + 4 .47150-4863 | State INDIANA ZIP Code + 4 47150-4863 |
| 5. Position in labor organization. BUSINESS MANAGER/SECRETARY-TREASURER | |
| A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization. S. Name and address of Employer (including trade name, if any). | |
| Name NONE | |
| Trade Name, if any: | |
| P.O. Box, Bidg., Room No., if arry | |
| | 7.b. Amount. |
| Street | |
| City | -0- |
| State ZIP Code + 4 | |
| Signature | |
| 15. Signature and verification. The undersigned declares, under panalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) | |
| Signed Fig. 5 (812) 944-6473 Date Telephone Number | |

| Name of Ferson Filing FRED J BOWLES | File Number U- 2485 | |
|--|---|--|
| B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. | | |
| Name and address of Business (including trade name, if any). | 9. Business deals with: | |
| Name NONE | | |
| Trade Name, If any: | a. Labor Organization | |
| F.O. Box, Bidg., Room No., If any | b. Trust | |
| Street | c. Employer | |
| City | | |
| State ZIP Code + 4 | | |
| ZIF GIXIE T 4 | | |
| 10. If 9.b. or 9.c. la checked give trust or employer's name. | 11.a. Nature of such dealing. | |
| Name NONE | | |
| Trade Name, if any: | | |
| P.O. Box. Bidg., Room No., if any | | |
| | | |
| Street | 11.b. Approximate dollar value of such dealing0- | |
| City | 12.a. Nature of interest held or income received. | |
| State ZIP Code + 4 | | |
| | | |
| | | |
| | | |
| | 12.b. Amount. — 0 — | |
| C. Received from any employer (other than an employer covered under parts A and B above) | | |
| or from any labor relations consultant to an employer any payment of money or other thing of value. | | |
| 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). | 14.a. Nature of payment. | |
| Name NONE | | |
| Trade Name, if any: | | |
| P.O. Box, Bldg., Room No., if any | | |

14.b. Amount of payment

-0-

13.b. is the Business an Employer

ZIP Code + 4

or Consultant

Street

City

State